

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Tommy Nelson

(Corporation, Individual, Public Agency, or Other Entry)

Street Address: 8 Northline Place

County: Guilford

City: Greensboro State: NC Zip Code: 27410

Tele. No. (Area Code): (919) 855-1908

II. LOCATION OF TANK(S)

Facility Name or Company _____

Facility ID # (if available) _____

Street Address or State Road: 5052 Foxburrow Road

County: Guilford City: Greensboro Zip Code: 27406

Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: Thad Chesson

Job Title: VP/Piedmont Env Telephone Number: (919) 668-4821

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Piedmont Environmental Services

Address: PO Box 18631 Greensboro State: NC Zip Code: 27419

Contact: Thad Chesson Phone: (919) 668-4821

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
	<u>2000</u>	<u>gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Thad Chesson VP

*Scheduled Removal Date: 4/15/91

Signature: Thad Chesson

Date Submitted: 4/9/91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.